

Fill in this information to identify your case:

United States Bankruptcy Court for the:  
Southern District of New York

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an  
amended filing

## Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Brendan  
Michael  
Reyea

Last name

Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

First name

Middle name

Middle name

Last name

Last name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx - xx - 27 25

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9 xx - xx - \_\_\_\_\_

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN — - - - -

EIN — - - - -

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN — - - - -

EIN — - - - -

**5. Where you live**

20 South Mesier Avenue

Number \_\_\_\_\_ Street \_\_\_\_\_

**If Debtor 2 lives at a different address:**

Number \_\_\_\_\_ Street \_\_\_\_\_

Wappingers Falls NY 12590-2719

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Dutchess

County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**6. Why you are choosing this district to file for bankruptcy****Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

---



---



---

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

---



---



---

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under**Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7

Chapter 11

Chapter 12

Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.****17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**19. How much do you estimate your assets to be worth?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**20. How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below****For you**

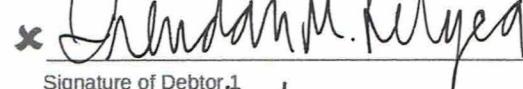
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3511.





Signature of Debtor 1

Signature of Debtor 2

Executed on 03 / 20 / 2020  
 MM / DD / YYYYExecuted on \_\_\_\_\_  
 MM / DD / YYYY

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone \_\_\_\_\_ Email address \_\_\_\_\_

Bar number

State

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No  
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No

Yes. Name of Person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

Brendan Michael Relyea

Signature of Debtor 1

Date

02/30/2020  
 MM / DD / YYYY

Signature of Debtor 2

Date

MM / DD / YYYY

Contact phone \_\_\_\_\_

Contact phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Fill in this information to identify your case:		
Debtor 1	<u>Brendan Michael Relyea</u>	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)		
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u>		
Case number		
	(If known)	

Check if this is an amended filing

Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

## Your assets

### Value of what you own

1. *Schedule A/B: Property (Official Form 106A/B)*
  - 1a. Copy line 55, Total real estate, from *Schedule A/B* .....
  - 1b. Copy line 62, Total personal property, from *Schedule A/B* .....
  - 1c. Copy line 63, Total of all property on *Schedule A/B* .....

## Part 2: Summarize Your Liabilities

## Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)  
2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* .....
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)  
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* .....
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* .....

### Your total liabilities

~~488,5~~ BR

### Part 3: Summarize Your Income and Expenses

\$488,794.02

4. *Schedule I: Your Income* (Official Form 106I)  
Copy your combined monthly income from line 12 of *Schedule I* .....
5. *Schedule J: Your Expenses* (Official Form 106J)  
Copy your monthly expenses from line 22c of *Schedule J* .....

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

**7. What kind of debt do you have?**

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**

\$ 0

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

\$ 0

Village of Wappingers Falls

\$ 1,539.90

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 0

Utility bill 2/14/2020 to 4/14/2020

\$ 128,320.51

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

+\$ 30,599.60

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 160,460.01

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

Fill in this information to identify your case and this filing:

Debtor 1	<u>Brendan Michael Relyea</u>	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
United States Bankruptcy Court for the:	<u>Southern District of New York</u>	
Case number		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 20 South Mesier Avenue

Street address, if available, or other description

Wappingers Falls NY 12590-

City

State

ZIP Code

279

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 255,210 \$ 255,210

2/16/2020

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

fee simple

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

City

State

ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

1.3. Street address, if available, or other description

**What is the property? Check all that apply.**

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this is community property (see instructions)**

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ....

\$ 255,210

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1. Make: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

 **Check if this is community property (see instructions)**

Other information: \_\_\_\_\_

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

 **Check if this is community property (see instructions)**

Other information: \_\_\_\_\_

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories* No Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here → \$ \_\_\_\_\_

O

## Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

## 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....

washing machine, dryer, dishwasher, refrigerator, gas range, pellet stove, 2 full size beds, 2 dressers, 2 floor lamps, 2 table lamps, desk, linens, kitchenware \$ 3,000

## 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

iPod, Amazon Echo (1st Gen), Amazon Echo Dot (1st Gen), Google Home Mini, Nest Mini, PC, laptop, Chromebook, audio equipment, \$ 2,000

## 8. Collectibles of value

music collection

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

prints, books, pictures, baseball cards

\$ 1,000

## 9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....

sports equipment, bicycle, student trombone + violin

\$ 500

## 10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....

\$

## 11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

Everyday clothes, shoes, accessories

\$ 250

## 12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

Everyday jewelry, watches

\$ 250

## 13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

\$

## 14. Any other personal and household items you did not already list, including any health aids you did not list

 No Yes. Give specific information.....

\$

## 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 7,000

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition* No Yes .....

Cash: .....

\$ 0

**17. Deposits of money***Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.* No Yes .....

Institution name:

17.1. Checking account:

\$ \_\_\_\_\_

17.2. Checking account:

\$ \_\_\_\_\_

17.3. Savings account:

\$ 12.11

17.4. Savings account:

\$ \_\_\_\_\_

17.5. Certificates of deposit:

\$ \_\_\_\_\_

17.6. Other financial account:

\$ 0.08

17.7. Other financial account:

\$ \_\_\_\_\_

17.8. Other financial account:

\$ \_\_\_\_\_

17.9. Other financial account:

\$ \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks***Examples: Bond funds, investment accounts with brokerage firms, money market accounts* No Yes .....

Institution or issuer name:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

0% %

\$ \_\_\_\_\_

0% %

\$ \_\_\_\_\_

0% %

\$ \_\_\_\_\_

## 20. Government and corporate bonds and other negotiable and non-negotiable instruments

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

## 21. Retirement or pension accounts

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each

account separately. Type of account: Institution name:

401(k) or similar plan: Vanguard (as of 3/13/2020) \$ 57,193.10  
 Pension plan: TD Ameritrade (as of 3/16/2020) \$ 256.05  
 IRA: \_\_\_\_\_ \$ \_\_\_\_\_  
 Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Keogh: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

## 22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes .....

Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_  
 Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
 Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_  
 Security deposit on rental unit: \_\_\_\_\_ \$ \_\_\_\_\_  
 Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_  
 Telephone: \_\_\_\_\_ \$ \_\_\_\_\_  
 Water: \_\_\_\_\_ \$ \_\_\_\_\_  
 Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

## 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

 No Yes .....

Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

## 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

## 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

## 27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

NYS Attorney Registration Number 4473823	\$ _____
--	----------

## Money or property owed to you?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

## 28. Tax refunds owed to you

 No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____
-------

Federal: \$ \_\_\_\_\_  
State: \$ \_\_\_\_\_  
Local: \$ \_\_\_\_\_

## 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

_____
-------

Alimony: \$ \_\_\_\_\_  
Maintenance: \$ \_\_\_\_\_  
Support: \$ \_\_\_\_\_  
Divorce settlement: \$ \_\_\_\_\_  
Property settlement: \$ \_\_\_\_\_

## 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

Coronavirus Stimulus	\$ 1,200
----------------------	----------

## 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit homeowner's or renter's insurance No Yes. Name the insurance company of each policy and list its value. ....

Company name:

Beneficiary:

Surrender or refund value:

Plymouth Rock  
policy effective 3/24/2020

self

\$ 761

\$

\$

## 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.....

\$

## 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim. ....

\$

## 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

 No Yes. Describe each claim. ....

\$

## 35. Any financial assets you did not already list

 No Yes. Give specific information.....

\$

## 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

→ \$ 59,422.34

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

## 37. Do you own or have any legal or equitable interest in any business-related property?

 No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

## 38. Accounts receivable or commissions you already earned

 No Yes. Describe.....

\$

## 39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.....

\$

## 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe.....

	\$	
--	----	--

## 41. Inventory

 No Yes. Describe.....

	\$	
--	----	--

## 42. Interests in partnerships or joint ventures

 No Yes. Describe..... Name of entity:

% of ownership:

_____	%	\$
_____	%	\$
_____	%	\$

## 43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$	
--	----	--

## 44. Any business-related property you did not already list

 No Yes. Give specific information .....

_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	

## 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.



\$	0
----	---

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

## 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

## 47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes .....

	\$	
--	----	--

## 48. Crops—either growing or harvested

 No Yes. Give specific information.....

\$

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes .....

\$

## 50. Farm and fishing supplies, chemicals, and feed

 No Yes .....

\$

## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

\$

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$ 0

## Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information .....

\$

\$

\$

## 54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ 0

## Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 255,210

56. Part 2: Total vehicles, line 5 \$ 0

57. Part 3: Total personal and household items, line 15 \$ 7,000

58. Part 4: Total financial assets, line 36 \$ 59,422.34

59. Part 5: Total business-related property, line 45 \$ 0

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0

61. Part 7: Total other property not listed, line 54 +\$ 0

62. Total personal property. Add lines 56 through 61. ....

\$ 66,422.34

Copy personal property total

→ +\$ 66,422.34

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$ 321,632.34

Fill in this information to identify your case:

Debtor 1	<u>Brendan Michael Relyea</u>		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u>		District of <u>New York</u>	
Case number (If known)			

Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.
Brief description: <u>20 South Mesier Avenue</u> Line from <i>Schedule A/B</i> : <u>Wappingers Falls, NY</u>	Current value of the portion you own: <u>\$ 255,210</u> Line from <i>Schedule A/B</i> : <u>1.1 12590-2719</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Homestead exemption</u>
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No  
 Yes

Fill in this information to identify your case:

Debtor 1	<u>Brendan Michael Relyea</u>	
First Name	Middle Name	Last Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u>		
Case number (if known)		

Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Specialized Loan Servicing

Describe the property that secures the claim:

Creditor's Name  
8742 Lucent Blvd.  
 Number Street  
Ste. 300  
Highlands Ranch, CO  
 City State ZIP Code

20 South Mesier Avenue  
Wappingers Falls, NY 12590-2719

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<u>\$111,103.04</u>	<u>\$255,210</u>	<u>\$</u> <u>—</u>

(Zillow 3/16/2020)

Who owes the debt? Check one. 80129

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim relates to a  
 community debt loan transferred from BB&T

Date debt was incurred 2/3/2020Last 4 digits of account number 97662.2 (closing date: 6/30/2015)Describe the property that secures the claim: \$                    \$                    \$                   

Creditor's Name

Number Street  
 \_\_\_\_\_

City State ZIP Code  
 \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim relates to a  
 community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$111,103.04

Fill in this information to identify your case:

Pg 23 of 70

Debtor 1	<u>Brendan Michael Relyea</u>		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<u>Southern District of New York</u>	
Case number (if known)			

Check if this is an  
amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

## 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	<u>Village of Wappingers Falls</u> Priority Creditor's Name <u>2582 South Avenue</u> Number Street <u>Wappingers Falls, NY 12590</u> City State ZIP Code		
	Last 4 digits of account number <u>1110</u> \$ <u>1,539.90</u> \$ <u>1,539.90</u> \$ <u>—</u>		
	When was the debt incurred? _____		
	As of the date you file, the claim is: Check all that apply.		
	<p><input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>		
	Type of PRIORITY unsecured claim: <p><input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>		
	<u>utility bill</u> <u>2/14/2020 - 4/14/2020</u> <u>sanitation, reg</u> <u>sewer</u> <u>water</u>		
2.2	Priority Creditor's Name Number Street <u>—</u> City State ZIP Code		
	Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____		
	When was the debt incurred? _____		
	As of the date you file, the claim is: Check all that apply.		
	<p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>		
	Type of PRIORITY unsecured claim: <p><input type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>		
	<u>—</u>		
	Who incurred the debt? Check one.		
	<p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p>		
	<p><input type="checkbox"/> Check if this claim is for a community debt</p>		
	Is the claim subject to offset? <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>		

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

Alexis Crisafi, MSN, PMHNP-BC			oxford Member ID#	Total claim
			5 9 0 1	\$ 240.00
Nonpriority Creditor's Name			Last 4 digits of account number	
2 Summit Court, Suite 202			When was the debt incurred?	1/15/2020 - 4/1/2020
Number	Street			
Fishkill, NY 12524				
City	State	ZIP Code		

BR  Contingent  
 Unliquidated  
 Disputed

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

UnitedHealthcare - Oxford

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical bills

4.2

American Education Services			Last 4 digits of account number	8240#1	\$ 10,754.92
Nonpriority Creditor's Name			When was the debt incurred?	8/14/2003	
P.O. Box 65093				LAWGRD	
Number	Street				
Baltimore, MD 21264-5093					
City	State	ZIP Code			

BR  Contingent  
 Unliquidated  
 Disputed

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.3

American Education Services			Last 4 digits of account number	8240#2	\$ 3,458.11
Nonpriority Creditor's Name			When was the debt incurred?	7/2/2004	
P.O. Box 65093				LAWGRD	
Number	Street				
Baltimore, MD 21264-5093					
City	State	ZIP Code			

BR  Contingent  
 Unliquidated  
 Disputed

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.4</b> <b>American Education Services</b> Nonpriority Creditor's Name <b>P.O. Box 65093</b> Number Street <b>Baltimore, MD 21264-5093</b> City State ZIP Code  Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <i>co-signer</i> <input type="checkbox"/> Check if this claim is for a community debt <i>see Schedule H</i>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8240 #3</b> When was the debt incurred? <b>10/1/2004</b> <i>BR MM</i> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
---	---

<b>4.5</b> <b>American Education Services</b> Nonpriority Creditor's Name <b>P.O. Box 65093</b> Number Street <b>Baltimore, MD 21264-5093</b> City State ZIP Code  Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8240 #4</b> When was the debt incurred? <b>9/16/2005</b> <i>BR MM</i> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
---	---

<b>4.6</b> <b>American Education Services</b> Nonpriority Creditor's Name <b>P.O. Box 65093</b> Number Street <b>Baltimore, MD 21264-5093</b> City State ZIP Code  Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8240 #5</b> When was the debt incurred? <b>11/3/2005</b> <i>BR MM</i> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
---	---

## Part 2: List All of Your NONPRIORITY Unsecured Claims - Continuation Page

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.7 American Express  
 Blue from American Express  
 Nonpriority Creditor's Name  
 P. O. Box 1270  
 Number Street  
 Newark, NJ 07101-1270  
 City State ZIP Code

Total claim

Last 4 digits of account number 2002 \$ 2,916.72

When was the debt incurred? Member since 1998

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

BR Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit card debts

4.8 American Express Delta Reserve Credit Card  
 Nonpriority Creditor's Name  
 P. O. Box 1270  
 Number Street  
 Newark, NJ 07101-1270  
 City State ZIP Code

Last 4 digits of account number 2000 \$ 6,186.42

When was the debt incurred? Member since 1998

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

BR Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit card debts

4.9 Bank of America NYU Alumni  
 Nonpriority Creditor's Name  
 P. O. Box 15019  
 Number Street  
 Wilmington, DE 19850-5019  
 City State ZIP Code

Last 4 digits of account number 4822 BR \$7,574.15

When was the debt incurred? Cardholder since 2003 \$ 7,630.00

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

BR Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit card debts

Who incurred the debt? Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No  
 Yes

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10 Bank of America Visa Gold 7 6 3 2 \$2,744.93

Nonpriority Creditor's Name

P.O. Box 15019

Number

Street

Wilmington, DE 19850-5019

City

State

ZIP Code

Last 4 digits of account number

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

When was the debt incurred?

Cardholder since 2003

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Charged off  
4/1/2020

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit card debts

4.11 Capital One Walmart 2 5 6 7 \$1,566.76

Nonpriority Creditor's Name

P.O. Box 4069

Number

Street

Carol Stream, IL 60197-4069

City

State

ZIP Code

BR

Last 4 digits of account number

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

When was the debt incurred?

Cardholder since 2016

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit card debts

4.12 Central Hudson 0-08-4 \$252.62

Nonpriority Creditor's Name

284 South Avenue

Number

Street

Poughkeepsie, NY 12601-4839

City

State

ZIP Code

BR

Last 4 digits of account number

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

When was the debt incurred?

2/17/2020 - 3/17/2020

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Gas & Electric

Debtor 1

First Name Middle Name Last Name

Brendan Michael Kelly 28 of 70

Case number (if known)

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13

Chase

Nonpriority Creditor's Name

P.O. Box 6294

Number Street

Carol Stream, IL 60197

City

State

ZIP Code

Last 4 digits of account number

7439

\$ 13,739.75

When was the debt incurred?

Cardmember since 2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit card debts

4.14

Chase

Nonpriority Creditor's Name

P.O. Box 6294

Number Street

Carol Stream, IL 60197

City

State

ZIP Code

Last 4 digits of account number

4842

\$ 4,227.50

When was the debt incurred?

Cardmember since 2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit card debts

4.15

Citi Rewards +

Nonpriority Creditor's Name

P.O. Box 70166

Number Street

Philadelphia, PA 19176-0166

City

State

ZIP Code

Last 4 digits of account number

8133

\$ 3,402.98

When was the debt incurred? Member since 2019

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Enterprise Rent-A-Car charges

7/8/2019-7/16/2019

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit card debts

Debtor 1

First Name Middle Name Last Name

Brendan Michael Relyea 29 of 70

Case number (if known)

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

## 4.16 Citi Simplicity Card

Nonpriority Creditor's Name

P.O. Box 70166

Number

Street

Philadelphia, PA 19176-0166

City

State

ZIP Code

Last 4 digits of account number

5428

\$ 7,360.47

When was the debt incurred? Member since 2017

As of the date you file, the claim is: Check all that apply. closed

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit card debts

## 4.17 Citibank, N.A.

Nonpriority Creditor's Name

Bank by Mail

Number

Street

P.O. Box 790104

City

State

ZIP Code

St. Louis, MO 63179

Last 4 digits of account number

4694

\$ 24.00

When was the debt incurred? 2/7/2020

As of the date you file, the claim is: Check all that apply. closed

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Checking overdraft

## 4.18 Citibank, N.A.

Nonpriority Creditor's Name

Retail Bank Collections

Number

Street

4600 Houston Rd., KY 6

City

State

ZIP Code

Florence, KY 41042

Last 4 digits of account number

4694

BR \$ 7,711.79  
\$ 7,828.31

When was the debt incurred? 3/10/2020

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Checking plus Line of Credit

Debtor 1

Brendan Michael Relph pg 30 of 70

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19 Cordant Health Solutions  
 Nonpriority Creditor's Name 12015 E. 46th Ave. Ste. 220  
 Number Street Denver, CO 80239  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

 No YesUnitedHealthcare - Oxford

Last 4 digits of account number

3946 \$ 179.08

When was the debt incurred?

2/6/2020

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical bills

4.20 Discover It Chrome Card  
 Nonpriority Creditor's Name P.O. Box 71084  
 Number Street Charlotte, NC 28272-1084  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

 No YesBR 

Last 4 digits of account number

7161 \$ 10,203.65  
\$10,205.43

When was the debt incurred?

Member since 2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card debts

4.21 Emergency Physicians Services of NY PC  
 Nonpriority Creditor's Name P.O. Box 740021  
 Number Street Cincinnati, OH 45274-0021  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

 No YesUnitedHealthcare - Oxford

Last 4 digits of account number

8740 \$ 362.26

When was the debt incurred?

6/6/2019

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical bills

BR

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.22 Enterprise Rent-A-Car  
 Nonpriority Creditor's Name  
 P.O. Box 801988  
 Number Street  
 Kansas City, MO 64180  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes Citi Rewards + credit card 8133  
 car rental insurance

claim  
 Last 4 digits of account number 8015

\$ 7,942.30

When was the debt incurred?  
 "Date of Loss": 7/6/2019

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Damage Recovery

4.23 FirstMark Services  
 Nonpriority Creditor's Name  
 P.O. Box 2977  
 Number Street  
 Omaha, NE 68103-2977  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 2831-14 \$ 6,413.97

3/31/2006

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.24 KeyBank  
 Nonpriority Creditor's Name  
 P.O. Box 94968  
 Number Street  
 Cleveland, OH 44101-4968  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 3797 \$ 79.11

3/13/2020

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Key Express checking overdrawn

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25 Legal Aid Society, The  
 Nonpriority Creditor's Name  
 199 Water Street  
 Number Street  
 New York, NY 10038  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes 230.20 hours vacation, according to ADP Earnings Statement 2/28/2017; or  
 98.61 hours vacation, according to ADP website

Last 4 digits of account number

N/A

\$ 41,879.04

When was the debt incurred?

6/30/2016-2/28/2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Alleged salary overpayment

4.26 Navient  
 Nonpriority Creditor's Name  
 P.O. Box 9635  
 Number Street  
 Wilkes-Barre, PA 18773-9635  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

0723

\$ 94,524.25

When was the debt incurred?

1/29/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.27 PayPal balance  
 Nonpriority Creditor's Name  
 P.O. Box 45950  
 Number Street  
 Omaha, NE 68145-0950  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

2352

\$ 15.99

When was the debt incurred?

1/14/2020

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Negative balance

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.28 PayPal Credit / SYNCB  
 Nonpriority Creditor's Name  
P.O. Box 960006  
 Number Street  
Orlando, FL 32896-0006  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

9933

BR \$1158.43

When was the debt incurred? Member since before 2017

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

\$4,596.37

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit cards

4.29 Recovery Centers of America (RCA)  
 Nonpriority Creditor's Name  
P.O. Box 2317  
 Number Street  
Hicksville, NY 11802  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

7396-1

\$95.96

When was the debt incurred? 12/14/2019 - 1/9/2020

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical bills (pharmacy)

BR  No  
UnitedHealthcare - Oxford  
 4.30 Recovery Centers of America (RCA)  
 Nonpriority Creditor's Name  
P.O. Box 2317  
 Number Street  
Hicksville, NY 11802  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

UnitedHealthcare - Oxford Member ID

Last 4 digits of account number

3759\*01

\$29,045.95

When was the debt incurred? 12/13/2019 - 1/10/2020

As of the date you file, the claim is: Check all that apply.

Contingent on receipt of bill from RCA  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical bills

BR  No  
UnitedHealthcare - Oxford

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

431

SoFi Lending Corp.

Nonpriority Creditor's Name

P.O. Box 734297

Number

Street

Dallas, TX 75373-4297

City

State

ZIP Code

Last 4 digits of account number

3 2 2 1

\$ 43,471.46

When was the debt incurred?

10/3/2016

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal loans

432

SoFi Lending Corp.

Nonpriority Creditor's Name

P.O. Box 734297

Number

Street

Dallas, TX 75373-4297

City

State

ZIP Code

Last 4 digits of account number

7 4 3 1

\$ 13,493.89

When was the debt incurred?

7/17/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal loans

433

St. Luke's Cornwall Hospital

Nonpriority Creditor's Name

70 Dubois Street

Number

Street

Newburgh, NY 1250

City

State

ZIP Code

Last 4 digits of account number

9 8 7 1

\$ 35.00

When was the debt incurred?

6/7/2019-6/8/2019

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical bills

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

United Healthcare - Oxford



## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.37 Synchrony Bank  
Lowe's Advantage Card  
 Nonpriority Creditor's Name  
P.O. Box 530914  
 Number Street  
Atlanta, GA 30353-0914  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 9534\$ 810.48

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit cards

4.38 Westchester Medical Center  
 Nonpriority Creditor's Name  
P.O. Box 5025 #4000221D  
 Number Street  
New Britain, CT 06050-5025  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes United Healthcare - Oxford

Last 4 digits of account number 5679\$ 35.00When was the debt incurred? 1/25/2019

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical bills

4.39 The Home Depot Consumer Credit Card  
 Nonpriority Creditor's Name  
Home Depot Credit Services  
 Number Street  
P.O. Box 9001010  
 City State ZIP Code  
Louisville, KY 40290-1010

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 2907\$ 2,276.24

BR

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit cards

Debtor 1

BRENNAN Michael R. Rg37 of 70

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.40

Optimum

Nonpriority Creditor's Name

P.O. Box 70340

Number

Street

Philadelphia, PA 19176-0340

City

State ZIP Code

BR ~~NR~~

Last 4 digits of account number

6-07-0

\$ 58.49 +

When was the debt incurred?

3/8/2020-4/7/2020 \$68.49

4/8/2020-5/7/2020

\$ 126.98

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Internet

4.41

Rutberg Breslow Personal Injury Law

Nonpriority Creditor's Name

3344 Route 9 North

Number

Street

Poughkeepsie, NY 12601

State

ZIP Code

(on behalf of James A. Yeager)

Last 4 digits of account number

9-188

\$ ?

When was the debt incurred?

6/6/2019

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Motor vehicle accident

BR ~~NR~~citi Rewards + credit card 8133  
car rental insurance

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

SIMM ASSOCIATES, Inc.

Name P.O. Box 7526  
Number Street Newark, DE 19714-7526

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

SIMM ASSOCIATES, Inc.

Name P.O. Box 7526  
Number Street Newark, DE 19714-7526

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Firstsource Advantage, LLC

Name 205 Bryant Woods South  
Number Street Amherst, NY 14228

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Nationwide Credit, Inc.

Name P.O. Box 15130  
Number Street Wilmington, DE 19850-5130

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Healthcare Revenue Recovery Group

Name P.O. Box 5406 (HRRG)  
Number Street Cincinnati, OH 45273-7942

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

TRANSWORLD SYSTEMS INC.

Name 500 Virginia Dr. Ste. 514 BR  
Number Street P.O. Box 15520  
City Wilmington, DE 19850-5520

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Real Time Resolutions, Inc.

Name P.O. Box 566027  
Number Street Dallas, TX 75356-6027

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6852

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6853

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7625

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9882

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2561

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9710

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8054

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Real Time Resolutions, Inc.

Name P.O. Box 566027  
 Number Street Dallas, TX 75356-6027

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

LVNV Funding LLC

Name United Collection Bureau, Inc.  
 Number Street P.O. Box 1116  
Maumee, OH 43537

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Client Services, Inc.

Name 3451 Harry S. Truman Blvd.  
 Number Street St. Charles, MO 63301-4047

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Midland Credit Management, Inc.

Name P.O. Box 301030  
 Number Street Los Angeles, CA 90030-1030

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Computer Credit, Inc.

Name Claim Dept. 003348  
 Number Street 470 W. Hanes Mill Road, P.O. Box 5238  
Winston - Salem, NC

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8054

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3362

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8627

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.39 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

credit card 2907 (Midland Credit Management, Inc. account number unknown)

Last 4 digits of account number A 2907

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5679

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations  
Village of Wappingers Falls  
6b. Taxes and certain other debts you owe the government  
utility bill 2/14/2020 to 4/14/2020

6c. Claims for death or personal injury while you were intoxicated

6d. Other. Add all other priority unsecured claims.  
Write that amount here.

6e. Total. Add lines 6a through 6d.

Total claim

6a. \$ 0  
6b. \$ 1,539.90  
6c. \$ 0  
6d. + \$ 0

6e. \$ 1,539.90

Total claims from Part 2

6f. Student loans  
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
6h. Debts to pension or profit-sharing plans, and other similar debts  
6i. Other. Add all other nonpriority unsecured claims.  
Write that amount here.

6j. Total. Add lines 6f through 6i.

Total claim

6f. \$ 128,320.51  
6g. \$ 0  
6h. \$ 30,599.60  
6i. + \$ 217,230.97

6j. \$ 376,151.08

Fill in this information to identify your case:

Debtor	<u>Brendan Michael Relyea</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u>			
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name		
Number	Street	
City	State	ZIP Code

2.2

Name		
Number	Street	
City	State	ZIP Code

2.3

Name		
Number	Street	
City	State	ZIP Code

2.4

Name		
Number	Street	
City	State	ZIP Code

2.5

Name		
Number	Street	
City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	<u>Brendan Michael Relyea</u>	
	First Name	Middle Name
Debtor 2	(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u>		
Case number (If known) _____		

Check if this is an amended filing

## Official Form 106H

## Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

## 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

## 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

## 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

## Column 1: Your codebtor

## Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.4  
 Schedule G, line \_\_\_\_\_

3.1 Robert Wendel Relyea  
 Name 15 South Mesier Avenue  
 Number Street  
Wappingers Falls, NY 12590-2717  
 City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.2 Name  
 Number Street  
 City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.3 Name  
 Number Street  
 City State ZIP Code

Fill in this information to identify your case:

Debtor 1	<u>Brendan Michael Relyea</u>		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u>			
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed  
 Not employed

Debtor 2 or non-filing spouse

Employed  
 Not employed

Occupation

on indefinite  
medical  
leave

Employer's name

Staff Attorney

Employer's address

The Legal Aid Society

199 Water Street

Number Street

Number Street

NY 10038

City State ZIP Code

City State ZIP Code

How long employed there?

Since Oct. 2006

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

2. \$ 0

For Debtor 2 or  
non-filing spouse

\$ \_\_\_\_\_

3. Estimate and list monthly overtime pay.

3. +\$ 0

+\$ \_\_\_\_\_

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0

\$ \_\_\_\_\_

Brendan Michael Relyea

Pg 44 of 70

Debtor 1

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....	→ 4. \$ <u>0</u>	\$ _____
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0</u>	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ <u>0</u>	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ <u>0</u>	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ <u>0</u>	\$ _____
5e. Insurance	5e. \$ <u>0</u>	\$ _____
5f. Domestic support obligations	5f. \$ <u>0</u>	\$ _____
5g. Union dues	5g. \$ <u>0</u>	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ <u>0</u>	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>0</u>	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>0</u>	\$ _____
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0</u>	\$ _____
8b. Interest and dividends	8b. \$ <u>0</u>	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0</u>	\$ _____
8d. Unemployment compensation	8d. \$ <u>0</u>	\$ _____
8e. Social Security	8e. \$ <u>0</u>	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0</u>	\$ _____
8g. Pension or retirement income	8g. \$ <u>0</u>	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ <u>0</u>	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>0</u>	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>0</u> + \$ _____	= \$ <u>0.00</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.	11. + \$ _____	
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.	0.00	
Specify: _____	12. \$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	Combined monthly income \$ <u>0.00</u>	
13. Do you expect an increase or decrease within the year after you file this form?	13. <input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 First Name	Middle Name	Last Name
Brendan Michael Relyea		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u>		
Case number (if known)		

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

\$ 1,173.15

4.

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

4a. \$ \_\_\_\_\_  
 4b. \$ \_\_\_\_\_  
 4c. \$ ?  
 4d. \$ \_\_\_\_\_

Debtor 1 Brendan Michael Relyea Pg 46 of 70

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ \_\_\_\_\_

## 6. Utilities:

6a. \$ 222.006b. \$ 67.336c. \$ 73.97

6d. \$ \_\_\_\_\_

7. \$ 61.00

8. \$ \_\_\_\_\_

9. \$ 52.85 ?10. \$ 52.85 74.4811. \$ 100

12. \$ \_\_\_\_\_

13. \$ 29.31 35.80

14. \$ \_\_\_\_\_

6a. Electricity, heat, natural gas Central Hudson6b. Water, sewer, garbage collection Village of Wappingers Falls6c. \$ Optimum + Ooma6d. \$ 43.006e. \$ 68.49 + \$5.486d. Other. Specify: ButcherBox \$129.00 \$18.007. Food and housekeeping supplies Field Goods \$18.00

8. Childcare and children's education costs

9. Clothing, laundry, and dry cleaning Bespoke Post \$45 + \$3.90 tax + \$3.95 shipping10. Personal care products and services BarkBox \$20 + \$1.63 tax

11. Medical and dental expenses

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ \_\_\_\_\_

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books Netflix + Spotify14. Charitable contributions and religious donations Premium with Hulu + NYT Crossword15. Insurance. \$15.99 + \$9.99 + \$3.33 = \$29.31

14. \$ \_\_\_\_\_

15. \$ \_\_\_\_\_

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. \$ \_\_\_\_\_

15b. \$ \_\_\_\_\_

15c. \$ \_\_\_\_\_

15d. \$ \_\_\_\_\_

15a. Life insurance

15a. \$ \_\_\_\_\_

15b. Health insurance

15b. \$ \_\_\_\_\_

15c. Vehicle insurance

15c. \$ \_\_\_\_\_

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$ \_\_\_\_\_

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16. \$ \_\_\_\_\_

Specify: \_\_\_\_\_

17. Installment or lease payments:

17a. \$ 017b. \$ 017c. \$ 017d. \$ 0

17a. Car payments for Vehicle 1

17b. Car payments for Vehicle 2

17c. Other. Specify: \_\_\_\_\_

17d. Other. Specify: \_\_\_\_\_

18. Your payments of alimony, maintenance, and support that you did not report as deducted from

18. \$ \_\_\_\_\_

your pay on line 5, Schedule I, Your Income (Official Form 106I).

19. Other payments you make to support others who do not live with you.

19. \$ \_\_\_\_\_

Specify: \_\_\_\_\_

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. \$ \_\_\_\_\_

20b. \$ \_\_\_\_\_

20c. \$ \_\_\_\_\_

20d. \$ \_\_\_\_\_

20e. \$ \_\_\_\_\_

20a. Mortgages on other property

20b. Real estate taxes

20c. Property, homeowner's, or renter's insurance

20d. Maintenance, repair, and upkeep expenses

20e. Homeowner's association or condominium dues

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a.	\$ <u>1,807.73</u>
22b.	\$ _____
22c.	\$ <u>1,807.73</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23a.	\$ <u>0</u>
23b.	-\$ <u>1,807.73</u>
23c.	-\$ <u>1,807.73</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

--	--

Fill in this information to identify your case:

Debtor 1 Brendan Michael Relyea

First Name

Middle Name

Last Name

Debtor 2 (Spouse, if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number (If known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Brendan M. Relyea

Signature of Debtor 1

Date 04/12/2020  
MM / DD / YYYY

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 First Name	Brendan Michael Relyea	
Middle Name	Last Name	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u>		
Case number (If known)		

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

Creditor's name: Specialized Loan Servicing

Description of property securing debt: 8742 Lucent Blvd.  
Ste.300

Highlands Ranch, CO 80129

What do you intend to do with the property that secures a debt?

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]: \_\_\_\_\_

Did you claim the property as exempt on Schedule C?

No  
 Yes

Creditor's name:

Surrender the property.

No  
 Yes

Description of property securing debt:

Retain the property and redeem it.  
 Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Creditor's name:

Surrender the property.

No  
 Yes

Description of property securing debt:

Retain the property and redeem it.  
 Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Creditor's name:

Surrender the property.

No  
 Yes

Description of property securing debt:

Retain the property and redeem it.  
 Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

## Describe your unexpired personal property leases

## Will the lease be assumed?

Lessor's name:

 No Yes

Description of leased property:

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

x Brendan M. Relyea x

Signature of Debtor 1

Date 04/12/2020  
MM / DD / YYYY

Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 First Name	Brendan Michael Relyea	
Middle Name	Last Name	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u>		
Case number (If known)		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

Same as Debtor 1

Same as Debtor 1

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1

Brendan Michael Relyea

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

	Debtor 1	Debtor 2
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2019</u> , YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <b>rental income</b> <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2018</u> , YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

## 5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.

	Debtor 1	Debtor 2
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
From January 1 of current year until the date you filed for bankruptcy:	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
For last calendar year: (January 1 to December 31, <u>2019</u> , YYYY)	<b>TD Ameritrade</b> <b>Distribution</b> <b>FROM IRA #1850</b> <b>8/28/2019</b> \$ 2,721.73	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2018</u> , YYYY)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	

Debtor 1

Brendan Michael Relyea

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Number Street		\$ _____	\$ _____	
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

## 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Number Street		\$ _____	\$ _____	
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

#### **Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
		\$ _____

Number Street	Explain what happened
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.
City	State ZIP Code

Creditor's Name	Describe the property	Date	Value of the property
Number Street			\$ _____
City	State ZIP Code		
Explain what happened			
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.			

Debtor 1

Brendan Michael Relyea

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

## Describe the action the creditor took

Date action was taken

Amount

Creditor's Name

Number Street

City State ZIP Code

--	--	--

\$ \_\_\_\_\_

Last 4 digits of account number: XXXX- \_\_\_\_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

## Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you \_\_\_\_\_

--	--	--

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Gifts with a total value of more than \$600 per person

## Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you \_\_\_\_\_

--	--	--

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Debtor 1

Brendan Michael Relyea

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

 No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ _____	_____	_____	\$ _____
Number Street _____ _____	_____	_____	\$ _____
City State ZIP Code _____ _____ _____	_____	_____	\$ _____

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
_____	_____	_____	\$ _____

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street _____ _____	_____	_____	\$ _____
City State ZIP Code _____ _____ _____	_____	_____	\$ _____
Email or website address _____	_____	_____	\$ _____
Person Who Made the Payment, if Not You _____	_____	_____	\$ _____

Debtor 1

Brendan Michael Relyea

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				\$ _____
City _____ State _____ ZIP Code _____				\$ _____
Email or website address				
Person Who Made the Payment, if Not You				

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				\$ _____
City _____ State _____ ZIP Code _____				\$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City _____ State _____ ZIP Code _____			
Person's relationship to you			
Person Who Received Transfer			
Number Street			
City _____ State _____ ZIP Code _____			
Person's relationship to you			

Debtor 1

Brendan Michael Relyea

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

 No Yes. Fill in the details.

## Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_


**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

BR ~~MM~~ No Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
XXXX- <u>4694</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>2/7/2020</u>	<u>-\$ 24.00</u>
XXXX- <u>3797</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>3/13/2020</u>	<u>-\$ 79.11</u>

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

 No Yes. Fill in the details.

Name of Financial Institution	Name	Describe the contents	Do you still have it?
Number Street			<input type="checkbox"/> No <input type="checkbox"/> Yes
City State ZIP Code			
City State ZIP Code			

Brendan Michael Relyea

Pg 60 of 70

Debtor 1

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code		
City	State ZIP Code	

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City State ZIP Code		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City State ZIP Code		
City	State ZIP Code	

Debtor 1

Brendan Michael Relyea

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## 25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City	State ZIP Code		

## 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending
	Number Street	<input type="checkbox"/> On appeal
Case number	City State ZIP Code	<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

## 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name	
Number Street	EIN: _____
City State ZIP Code	Dates business existed
	From _____ To _____
Business Name	Employer Identification number Do not include Social Security number or ITIN.
Number Street	EIN: _____
City State ZIP Code	Dates business existed
	From _____ To _____

Debtor 1

Brendan Michael Relyea

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

		Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Business Name			
Number Street		Name of accountant or bookkeeper	Dates business existed
City State ZIP Code			
		From _____ To _____	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

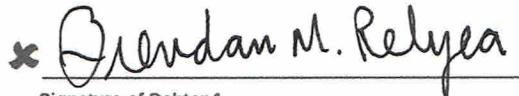
Name MM / DD / YYYY

Number Street

City State ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtor 1 \_\_\_\_\_ Signature of Debtor 2 \_\_\_\_\_

Date 4/12/2020 Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Brendan Michael Relyea</u>		
First Name	Middle Name	Last Name	
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u> District of <u>New York</u>			
Case number (if known)			

Check one box only as directed in this form and in  
Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0	\$ _____
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ _____	\$ _____
Ordinary and necessary operating expenses	- \$ _____	- \$ _____
Net monthly income from a business, profession, or farm	\$ _____	\$ _____
	Copy here →	\$ 0
6. Net income from rental and other real property	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ _____	\$ _____
Ordinary and necessary operating expenses	- \$ _____	- \$ _____
Net monthly income from rental or other real property	\$ _____	\$ _____
	Copy here →	\$ 0
7. Interest, dividends, and royalties		\$ 0

Debtor 1

Brendan Michael Relyea

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse\$ 0 \$ \_\_\_\_\_

## 8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0

For you ..... \$ \_\_\_\_\_

For your spouse ..... \$ \_\_\_\_\_

\$ 0 \$ \_\_\_\_\_

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0 \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
+ \$ 0 + \$ \_\_\_\_\_

Total amounts from separate pages, if any.

\$ 0 + \$ \_\_\_\_\_ = \$ 0

Total current monthly income

11. **Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

## Part 2: Determine Whether the Means Test Applies to You

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11..... Copy line 11 here ➔

\$ 0

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 0

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

NY

Fill in the number of people in your household.

1

Fill in the median family income for your state and size of household. ....

\$ 64,894

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. **How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
Go to Part 3. Do NOT fill out or file Official Form 122A-2

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
Go to Part 3 and fill out Form 122A-2.

Debtor 1

Brendan Michael Relyea

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x Brendan M. Relyea

Signature of Debtor 1

Date 04/12/2020  
MM / DD / YYYY

x

Signature of Debtor 2

Date     
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Specialized Loan Servicing  
8742 Lucent Blvd. Ste. 300  
Highlands Ranch, CO 80129

Village of Wappingers Falls  
2582 South Avenue  
Wappingers Falls, NY 12590

Alexis Crisafi, MSN, PMHNP-BC  
2 Summit Court, Suite 202  
Fishkill, NY 12524

American Education Services  
P.O. Box 65093  
Baltimore, MD 21264-5093

American Express  
P.O. Box 1270  
Newark, NJ 07101-1270

Bank of America  
P.O. Box 15019  
Wilmington, DE 19850-5019

Capital One  
P.O. Box 4069  
Carol Stream, IL 60197-4069

Central Hudson  
284 South Avenue  
Poughkeepsie, NY 12601-4839

Chase  
P.O. Box 6294  
Carol Stream, IL 60197

Citi Rewards+  
P.O. Box 70166  
Philadelphia, PA 19176-0166

Citi Simplicity Card  
P.O. Box 70166  
Philadelphia, PA 19176-0166

Citibank, N.A.  
Bank by Mail  
P.O. Box 790104  
St. Louis, MO 63179

Citibank, N.A.  
Retail Bank Collections  
4600 Houston Rd., KY6  
Florence, KY 41042

Cordant Health Solutions  
12015 E. 46th Ave. Ste. 220  
Denver, CO 80239

Discover It Chrome Card  
P.O. Box 71084  
Charlotte, NC 28272-1084

Emergency Physicians Services of NY PC  
P.O. Box 740021  
Cincinnati, OH 45274-0021

Enterprise Rent-A-Car  
P.O. Box 801988  
Kansas City, MO 64180

Firstmark Services  
P.O. Box 2977  
Omaha, NE 68103-2977

KeyBank  
P.O. Box 94968  
Cleveland, OH 44101-4968

Legal Aid Society, The  
199 Water Street  
New York, NY 10038

Navient  
P.O. Box 9635  
Wilkes-Barre, PA 18773-9635

PayPal  
P.O. Box 45950  
Omaha, NE 68145-0950

PayPal Credit/SYNCB  
P.O. Box 960006  
Orlando, FL 32896-0006

Recovery Centers of America  
P.O. Box 2317  
Hicksville, NY 11802

SoFi Lending Corp.  
P.O. Box 734297  
Dallas, TX 75373-4297

St. Luke's Cornwall Hospital  
70 Dubois Street  
Newburgh, NY 12250

Studio Smiles  
Dipti Modi, D.D.S., L.L.C.  
441 Gordon Street  
South Amboy, NJ 08879-1513

Synchrony Bank/Amazon  
P.O. Box 960013  
Orlando, FL 32896-0013

Synchrony Bank  
Banana Republic Visa  
P.O. Box 960017  
Orlando, FL 32896-0017

Synchrony Bank  
Lowe's Advantage Card  
P.O. Box 530914  
Atlanta, GA 30353-0914

Westchester Medical Center  
P.O. Box 5025 # 400022 ID  
New Britain, CT 06050-5025

The Home Depot Consumer Credit Card  
Home Depot Credit Services  
P.O. Box 9001010  
Louisville, KY 40290-1010

Optimum  
P.O. Box 70340  
Philadelphia, PA 19176-0340

Rutberg Breslow Personal Injury Law  
3344 Route 9 North  
Poughkeepsie, NY 12601  
(On behalf of James A. Yeager)

SIMM Associates, Inc.  
P.O. Box 7526  
Newark, DE 19714-7526

Firstsource Advantage, LLC  
205 Bryant Woods South  
Amherst, NY 14228

Nationwide Credit, Inc.  
P.O. Box 15130  
Wilmington, DE 19850-5130

Healthcare Revenue Recovery Group (HRRG)  
P.O. Box 5406  
Cincinnati, OH 45273-7942

Transworld Systems Inc.  
P.O. Box 15520  
Wilmington, DE 19850-5520

Real Time Resolutions, Inc.  
P.O. Box 566027  
Dallas, TX 75356-6027

LVNV Funding LLC  
United Collection Bureau, Inc.  
P.O. Box 43537

Client Services, Inc.  
3451 Harry S. Truman Blvd.  
St. Charles, MO 63301-4047

Midland Credit Management, Inc.  
P.O. Box 301030  
Los Angeles, CA 90030-1030

**List of Creditors**

Computer Credit, Inc.  
Claim Dept. 003348  
470 W. Hanes Mill Road  
P.O. Box 5238  
Winston-Salem, NC 27113-5238

Robert Wendel Relyea  
15 South Mesier Avenue  
Wappingers Falls, NY 12590-2717